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Public Service Commission of South Carolina
101 Executive Center Dr., Suite 100
Columbia, SC 29210



S. C. PUBLIC SERVICE COMMISSION

RECEIVE

SEP 04 2012

Phone: 803-896-5100

Fax: 803-896-5199

www.psc.sc.gov

Complaint Form



Date: 8/23/2012

Complainant or Legal Representative Information: * Required Fields

Name * John Thoma

Firm (if applicable)

Mailing Address * 1157 Molokai Drive

City, State Zip * Tega Cay, SC 29708

Phone * 803-548-2617

E-mail *

Name of Utility Involved in Complaint: * Utilities Inc.

NOTE: If AT&T is the utility involved, please complete the attachment located at the end of this form.

Type of Complaint (check appropriate box below.) *

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Billing Error/Adjustments | <input type="checkbox"/> Deposits and Credit Establishment | <input type="checkbox"/> Wrong Rate | <input type="checkbox"/> Refusal to Connect Service |
| <input type="checkbox"/> Disconnection of Service | <input type="checkbox"/> Payment Arrangements | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Line Extension Issue |
| <input type="checkbox"/> Service Issue | <input type="checkbox"/> Meter Issue | | |
| <input checked="" type="checkbox"/> Other (be specific) <u>unjustified rate hike</u> | | | |

Have you contacted the Office of Regulatory Staff (ORS)? * ☐ Yes ☒ NoName of
ORS Contact:

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

This water company has had numerous hikes and the service has always been poor. A new hike is just not right.

Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)

Keep the rate the same.

STATE OF SOUTH CAROLINA)

VERIFICATION

COUNTY OF York)

I, John Thoma

Complainant's Name *

verify that I have read my complaint filed on 08/23/2012

Date *

and know the contents thereof, and that said contents are true.

Internal Use Only

Printed Name	Date

Complainant's Signature